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As some of you may have heard, Suzanne Solven will be leaving the Ministry of Health on December 22, 2006, and will begin new duties as the Deputy Registrar of the College of Pharmacists of B.C. in January 2007.

Suzanne made a significant contribution to the evolution of the PharmaCare program during her years here and her knowledge, expertise and enthusiasm will be greatly missed. We wish her well in her new role with the College.

Until such time as a permanent Executive Director is selected, Bill Mercer has agreed to fulfil the role of Acting Executive Director. Bill has a wealth of experience both in the Ministry generally and PharmaCare specifically.

The use of PharmaNet is not intended as a substitute for professional judgment. Information on PharmaNet is not exhaustive and cannot be relied upon as complete. The absence of a warning about a drug or drug combination is not an indication that the drug or drug combination is safe, appropriate or effective in any given patient. Health care professionals should confirm information obtained from PharmaNet and ensure no additional relevant information exists, before making patient care decisions.

Fair PharmaCare deductibles for 2007

Fair PharmaCare assistance levels for 2007 are based on family net income for 2005.

On January 1, 2007, PharmaNet will be updated to reflect deductibles and family maximums for 2007 for all individuals and families registered in the Fair PharmaCare plan. Deductible accumulations will be set to zero.

Deductible information for patients for 2007

Fair PharmaCare registrants can access information about their deductible, the portion of eligible costs that Fair PharmaCare pays after the deductible is met, and their family maximum in the following ways.

Through the PharmaCare website at www.health.gov.bc.ca/pharme, registrants can:

- use the Fair PharmaCare Calculator to estimate this information, or
- request that a Confirmation of Fair PharmaCare Assistance be mailed to them.

Registrants can also contact Health Insurance BC (see contact information on the following page). Callers will need to provide appropriate identifying information.

For your convenience and to assist you in helping patients who may ask about their Fair PharmaCare coverage, we are including at the end of this newsletter a flyer you may wish to post in your pharmacy.

Retroactive reimbursements for 2006

Individuals or families who exceeded the Fair PharmaCare deductible between January 1, 2006, (or the date on which their Medical Services Plan coverage became effective, whichever is later) and the date their Fair PharmaCare registration for 2006 was processed, will be reimbursed for any eligible prescription costs they paid during that time.

Families do not have to apply for this retroactive reimbursement; it will be calculated automatically after the end of the calendar year.

In the spring of 2007, PharmaCare will send a letter to each individual or family who qualifies for reimbursement. The letter will specify the amount of their reimbursement and advise them that a cheque has been issued.

Monthly Deductible Payment Option (MDPO) reminder

PharmaCare is accepting enrolments in the Monthly Deductible Payment Option for 2007. Letters have been sent to those who enrolled for 2006 advising them that enrolment for 2007 is not automatic. If they wish to re-enrol, they must respond as directed in the letter.

The option is designed to assist individuals or families who:

- are registered for Fair PharmaCare,
- do not have private health insurance with a drug benefit plan,
- have a deductible greater than $0, and
- expect their annual prescription costs to meet or exceed their Fair PharmaCare deductible.

Families who enrol in the MDPO will pay their 2007 Fair PharmaCare deductible in monthly instalments and will begin to receive assistance with their eligible prescription costs right away.

For more information, patients can visit the PharmaCare website at www.health.gov.bc.ca/pharme or contact Health Insurance BC. An information sheet on the MDPO is available on the website in English, French, Chinese and Punjabi.

Health Insurance BC (HIBC)

Patients can contact Health Insurance BC:

From the Lower Mainland, call **604-683-7151** / From the rest of B.C., call toll-free **1-800-663-7100**

Customer Service Representatives are available

Monday to Friday, 8 a.m. to 8 p.m. and Saturday 8 a.m. to 4 p.m.

Online Fair PharmaCare Registration is available at

www.health.gov.bc.ca/pharme

Existing Province Codes to Internalize

In October 2006, the province codes for Quebec and Newfoundland changed. Below is the full list of correct province codes:

ALBERTA	AB
BRITISH COLUMBIA	BC
MANITOBA	MB
NEW BRUNSWICK	NB
NORTHWEST TERRITORY	NT
NOVA SCOTIA	NS
ONTARIO	ON
PRINCE EDWARD ISLAND	PE
SASKATCHEWAN	SK
YUKON TERRITORY	YT
QUEBEC	QC
NEWFOUNDLAND	NL

Conversation on Health– Invitation to Participate

The Conversation on Health is a discussion among British Columbians on how to make British Columbians healthier and how to improve and renew our health system while strengthening the Canada Health Act.

An invitation to join professional meetings being held in communities across B.C. is being extended to all front line health workers, their professional associations, health organizations and administrators, patients and other interested parties.

For more information, please see the **Conversation on Health** insert included with this newsletter.

Plan B Payments

In April 2006, the following interim solution (April 1 to September 30, 2006) for Plan B payments was implemented:

- Payment for services to permanent residents of licensed long-term care facilities was changed to $35 per **occupied** bed, per month (rather than per patient).
- Pharmacies submitted claims for monthly capitation fees using the same PharmaCare invoice form and procedures that were in place before December 31, 2005.
- For May, June and July, pharmacies claiming Plan B payments were asked to provide PharmaCare with reports of the Personal Health Numbers (PHNs) of the residents in the long-term care facilities they serve.

Until further notice, the rate of $35 for occupied bed, per month, remains in effect.

We would like to thank pharmacies for their cooperation in providing accurate information.

Pharmacies do not need to submit any further PHN reports. **However, pharmacies must continue submitting invoices promptly after the close of each month to receive payment.** Invoices should be mailed to: PharmaCare, P.O. Box 9655 Stn Prov Govt, Victoria BC V8W 9P2.

Please ensure your invoice is fully and correctly completed.

Invoicing instructions are available in the PharmaCare/PharmaNet: Policies & Procedures manual, Section 6.2. View the manual online at www.health.gov.bc.ca/pharme/generalinfo/policy/index.html.

To order additional invoice forms, please contact Health Insurance BC using the usual pharmacy telephone numbers.

Downloadable Drug Data Files

On our website, we provide drug data files in PDF and zipped text formats. The files contain benefit status information and include drug names, chemical names, benefit groups, etc.

PharmaCare recently completed a review of these files. Revised, updated versions are now available on our website at www.health.gov.bc.ca/pharme/outgoing/index.html.

The layout of some of the updated files has changed. Please consult the table layout pages for current information on file layout and for clarified data descriptions.

The drug data files will be updated at the beginning of each month and uploaded to the website approximately one week later.

IMPORTANT:

- Only drugs transmitted on PharmaNet and adjudicated by PharmaCare are listed in the files.
- The Manufacturer Prices file is no longer being updated. It will be removed from the website on January 17, 2007. Please note that the data this file currently contains is actually PharmaCare maximum price data.

If you have questions about the drug data files, please send an email to PharmaCare at pharma@gov.bc.ca.

When dispensing veterinary medications, please do not assign a PHN to an animal. Instead, **use the PHN of the pet's owner**.

To prevent the drug from adjudicating on PharmaNet and to ensure the drug will not appear on the pet owner's patient record:

- Use the **veterinarian's license number** as the Practitioner Identification (Pract. ID)
- Use **V9** as the Reference Code

Following the requirements above also ensures that the veterinary prescription will not affect Drug Utilization Evaluation (DUE) results for the pet owner.

The number of Special Services fees paid by PharmaCare over the past twelve months are:

DATE	NO. OF FEES	DATE	NO. OF FEES
Nov 2006	4,425	May 2006	3,255
Oct 2006	3,715	Apr 2006	2,761
Sep 2006	3,505	Mar 2006	2,881
Aug 2006	3,361	Feb 2006	2,328
Jul 2006	3,038	Jan 2006	2,601
Jun 2006	3,273	Dec 2005	3,957

Reliable quantity information on claims is critical to accurate adjudication. The table below lists correct quantities for various categories of medications and for a number of specific medications.

Quantities are subject to audit and incorrect quantities claimed on PharmaNet that result in overpayments to the pharmacy are subject to recovery by PharmaCare.

Creams or ointments	weight in grams
Inhalers	number of doses
Liquid (oral)	volume in millilitres
Liquid (injectable)	volume in millilitres or number of vials*
Nebulizers	volume in millilitres
Patches	number of patches
Powders	grams or number of vials*
Pre-loaded syringes	number of syringes
Sprays	If product package indicates number of doses, submit number of doses. Otherwise use volume in millilitres.
Suppositories	number of suppositories
Rectal enema preparations	volume in millilitres (e.g. 1 box = 7x100ml = 700ml)
Tablet	number of tablets or capsules or caplets
Butorphanol	number of doses (14 per bottle)
Cystic Fibrosis Supplies: - liquids - tablets - capsules - caplets	volume in millilitres number of tablets number of capsules number of caplets
Desmopressin® Acetate Nasal Spray 0.1 MG/ML	ml per (2.5ml) bottle
Didrocal®	number of tablets (90 per kit)
Etanercept 25 MG	number of kits (usual dosing is 1 kit = 14 days supply)
Etanercept 50 MG	number of vials (each 50mg vial is 1ml). Usual dosing is 1 vial = 7 days supply.
Interferon Alpha/Pegylated Interferon	number of kits
Pneumovax®	number of doses (5 per box)
Remicade® (infliximab)	number of vials
Tobi®	number of mls (not ampoules).
Thiamine HCL Inj USP 100mg/ml	number of mls
Avonex®	number of kits
Botox® PWS INJ 100units/vial	number of vials
Tobramycin® inj USP	number of vials

* If you are unsure of the correct unit of measure or are having trouble entering a decimal when required, please contact the PharmaNet HelpDesk at Health Insurance BC at the usual pharmacy numbers.

Price/Benefit Status Changes

Effective **immediately**, the following LCA categories have been revised.

CATEGORY		NEW LCA PRICE	NEW LCA STATUS
	TESTOSTERONE 100MG INJECTION		
2246063	Testosterone Cyprionate 100 mg Injection	No change	F

F — Fully covered.

Price/Benefit Status Updates

Effective **February 1, 2007**, the following LCA categories have been revised.

CATEGORY		NEW LCA PRICE	NEW LCA STATUS
	CARBAMAZEPINE CHEWTABS 100MG		
2231542	PMS-Carbamazepine Chewtabs		No change
2261855	Sandoz-Carbamazepine Chewtabs	$0.0799	No change
2244403	Taro-Carbamazepine Chewtabs	$0.0799	P
369810	Tegretol Chewtabs	$0.0799	No change
	CARBAMAZEPINE CHEWTABS 200MG		
2231540	PMS-Carbamazepine Chewtabs		F
2261863	Sandoz-Carbamazepine Chewtabs	$0.1577	No change
2244404	Taro-Carbamazepine Chewtabs	$0.1577	P
665088	Tegretol Chewtabs	$0.1577	No change
	RANITIDINE SOLUTION 15MG/ML†		
2280833	Apo-Ranitidine		No change
2242940	Novo-Ranitidine Oral Solution		No change
2212374	Zantac	$0.1219	No change
	RISPERIDONE TAB 0.25MG		
2282119	Apo-Risperidone		No change
2282585	Co Risperidone		No change
2282240	Gen-Risperidone		No change
2282690	Novo-Risperidone		No change
2252007	Pms-Risperidone		No change
2280906	Ran-Risperidone	$0.2714	P
2264757	Ratio-Risperidone		No change
2279509	Sandoz Risperidone		No change
2240551	Risperidal	$0.2714	No change

P — Partially covered.

† — Not eligible for coverage under Plan G

Price/Benefit Status Updates, continued

CATEGORY		NEW LCA PRICE	NEW LCA STATUS
	RISPERIDONE TAB 0.50MG		
2282127	Apo-Risperidone		No change
2282593	Co Risperidone		No change
2282259	Gen-Risperidone		No change
2264188	Novo-Risperidone		No change
2252015	Pms-Risperidone		No change
2280914	Ran-Risperidone	$0.4544	P
2264765	Ratio-Risperidone		No change
2279495	Sandoz Risperidone		No change
2240552	Risperidal	$0.4544	No change
	RISPERIDONE TAB 1MG		
2282135	Apo-Risperidone		No change
2282607	Co Risperidone		No change
2282267	Gen-Risperidone		No change
2264196	Novo-Risperidone		No change
2252023	Pms-Risperidone		No change
2280922	Ran-Risperidone	$0.6277	P
2264773	Ratio-Risperidone		No change
2279800	Sandoz Risperidone		No change
2025280	Risperidal	$0.6277	No change
	RISPERIDONE TAB 2MG		
2282143	Apo-Risperidone		No change
2282615	Co Risperidone		No change
2282275	Gen-Risperidone		No change
2264218	Novo-Risperidone		No change
2252031	Pms-Risperidone		No change
2280930	Ran-Risperidone	$1.2532	P
2264781	Ratio-Risperidone		No change
2279819	Sandoz Risperidone		No change
2025299	Risperidal	$1.2532	No change
	RISPERIDONE TAB 3MG		
2282151	Apo-Risperidone		No change
2282623	Co Risperidone		No change
2282283	Gen-Risperidone		No change
2264226	Novo-Risperidone		No change
2252058	Pms-Risperidone		No change
2280949	Ran-Risperidone	$1.8799	P
2264803	Ratio-Risperidone		No change
2279827	Sandoz Risperidone		No change
2025302	Risperidal	$1.8799	No change

P — Partially covered.

Price/Benefit Status Updates, continued

CATEGORY		NEW LCA PRICE	NEW LCA STATUS
	RISPERIDONE TAB 4MG		
2282178	Apo-Risperidone		No change
2282631	Co Risperidone		No change
2282291	Gen-Risperidone		No change
2264234	Novo-Risperidone		No change
2252066	Pms-Risperidone		No change
2280957	Ran-Risperidone	$2.5064	P
2264811	Ratio-Risperidone		No change
2279835	Sandoz Risperidone		No change
2052310	Risperidal	$2.5064	No change
	SALBUTAMOL SULFATE / IPRATROPIUM BROMIDE MONOHYDRATE 1.0 MG 0.2 MG/ML SOLUTION*		
2266393	Apo-Salvent Ipravent Sterules		F
2272695	Gen-Combo Sterinebs		No change
2246066	Gen-Combo Sterinebs Sol Inh		No change
2243789	Ratio-Ipra Sal Udv Sol		No change
2231675	Combivent Inhalation Solution	$0.3840	No change
	TIMOLOL MALEATE SOLUTION 0.25%†		
2242275	Timolol Maleate-EX		No change
2171880	Timoptic-XE	$2.3684	No change
	TIMOLOL MALEATE SOLUTION 0.5%†		
2242276	Timolol Maleate-EX		No change
2171899	Timoptic-XE	$2.8334	No change

P — Partially covered.
* — Requires Special Authority
F — Fully Covered
† — Not eligible for coverage under Plan G

New Generic Drugs Categorized to LCA and/or RDP

The following newly-approved benefits have been added to existing LCA/RDP categories as eligible benefits for Plans B, C, F, I, and, if applicable, Plan G. (For the Plan G formulary, please visit the Special Authority Information page on the PharmaCare website at www.health.gov.bc.ca/pharme.)

DIN	MAN	DRUG NAME	RDP	LCA STATUS	SPECIAL AUTHORITY ONLY
2280833	APX	Apo-Ranitidine (ranitidine hydrochloride) 15 mg/ml Sol		F	
2286335	GPM	Gen-Alendronate (alendronate sodium) 70 mg tablet		P	Y
2280264	UNK[1]	Sandoz Felodipine (felodipine) 5mg tablet		F	
2280272	UNK[1]	Sandoz Felodipine (felodipine) 10mg tablet		F	
2283964	UNK[1]	Sandoz Leflunomide (leflunomide) 10 mg tablet		P	Y
2283972	UNK[1]	Sandoz Leflunomide (leflunomide) 20 mg tablet		P	Y

1 — Sandoz
F — Fully covered
P — Partially covered

New Brand Drugs Categorized to RDP

The following product has been added to the RDP category as a reference drug in the **angiotensin converting enzyme (ACE) inhibitor** category as an eligible benefit for Plans B, C, F, I, and—if indicated in the table below—Plan G and/or Plan P.

DIN	MAN	DRUG NAME	PLAN G	PLAN P
2281112	UNK[1]	Altace® (ramipril) 15 mg capsule	N	N

1— Sanofi Aventis Canada Inc.

New LCA Categories

The following drugs (including both existing PharmaCare benefits and new PharmaCare benefits) will be included as new LCA Categories on PharmaNet, effective **February 1, 2007**.

NEW CATEGORY (CHEMICAL NAME)	DIN	MAN	BRAND NAME	LCA STATUS	PRICE
betahistine HCL	2280191	NOP	NOVO-BETAHISTINE	F	
16 mg tablet	2243878	UNK[1]	SERC 16 MG	P	0.3051
betahistine HCL	2280205	NOP	NOVO-BETAHISTINE	F	
24 mg tablet	2247998	UNK[1]	SERC 24 MG	P	0.4577
famciclovir▲	2278634	UNK[2]	SANDOZ FAMCICLOVIR 125 MG	F	
125 mg tablet	2229110	NVR	FAMVIR TABLETS 125 MG	P	2.1007
famciclovir▲	2278642	UNK[2]	SANDOZ FAMCICLOVIR 250 MG	F	
250 mg tablet	2229129	NVR	FAMVIR TABLETS 250 MG	P	2.8230
famciclovir	2278650	UNK[2]	SANDOZ FAMCICLOVIR 500 MG	F	
500 mg tablet	2177102	NVR	FAMVIR TABLETS 500 MG	P	4.3882
fentanyl	2249391	UNK[3]	RAN-FENTANYL TRANSDERMAL SYSTEM	F*	
25 mcg/h patch	2282941	RPH	RATIO-FENTANYL TRANSDERMAL PATCH	F*	
	1937383	JSO	DURAGESIC 25	P*	6.1755
fentanyl	2249413	UNK[3]	RAN-FENTANYL TRANSDERMAL SYSTEM	F*	
50 mcg/h patch	2282968	RPH	RATIO-FENTANYL TRANSDERMAL PATCH	F*	
	1937391	JSO	DURAGESIC 50	P*	11.6244
fentanyl	2249421	UNK[3]	RAN-FENTANYL TRANSDERMAL SYSTEM	F*	
75 mcg/h patch	2282976	RPH	RATIO-FENTANYL TRANSDERMAL PATCH	F*	
	1937405	JSO	DURAGESIC 75	P*	16.3469
fentanyl	2249448	UNK[3]	RAN-FENTANYL TRANSDERMAL SYSTEM	F*	
100 mcg/h patch	2282984	RPH	RATIO-FENTANYL TRANSDERMAL PATCH	F*	
	1937413	JSO	DURAGESIC 100	P*	20.3428

1 — Solvay Pharma
2 — Sandoz
3 — Ranbaxy Pharmaceuticals Canada Inc.

F*—Drug is a full benefit if a Special Authority is in place when the prescription is filled.
P*—Drug is a partial benefit if a Special Authority is in place when the prescription is filled.
▲—Drug is eligible for coverage only under Plan P.

The following new products are now eligible benefits under the Limited Coverage Program—by Special Authority only—for Plans B, C, F, I and, if indicated below, Plan G and/or Plan P. For the Special Authority criteria, please visit the Special Authority Information page on the PharmaCare website at www.health.gov.bc.ca/pharme.)

DIN	MAN	DRUG NAME	PLAN G	PLAN P
2280213	UNK[1]	Avalide® (irbesartan hydrochlorothiazide) 300/25 mg tablet	N	N
2286335	GPM	Gen-Alendronate (alendronate sodium) 70 mg tablet	N	N
2223767	FEI	Norprolac® (quinagolide hydrochloride) 0.075 mg tablet	N	N
2223775	FEI	Norprolac® (quinagolide hydrochloride) 0.150 mg tablet	N	N
2243797	JSO	Pariet® (rabeprazole) 20 mg tablet	N	Y
2249472	TPA	Prevacid® Fastab (lansoprazole) 30 mg delayed-release tablets	N	N
2281708	SRO	Rebif® initiation pack (interferon beta-1a) six pre-filled syringes of 8.8 mcg/0.2 mL and six pre-filled syringes of 22 mcg/0.5 ml for injection	N	N
2246552	UNK[2]	Remodulin® (treprostinil sodium) 1 mg/ml solution for subcutaneous injection	N	N
2246553	UNK[2]	Remodulin® (treprostinil sodium) 2.5 mg/ml solution for subcutaneous injection	N	N
2246554	UNK[2]	Remodulin® (treprostinil sodium) 5 mg/ml solution for subcutaneous injection	N	N
2246555	UNK[2]	Remodulin® (treprostinil sodium) 10 mg/ml solution for subcutaneous injection	N	N
2283964	UNK[3]	Sandoz Leflunomide (leflunomide) 10 mg tablet	N	N
2283972	UNK[3]	Sandoz Leflunomide (leflunomide) 20 mg tablet	N	N

1 — Sanofi Aventis Canada Inc.
2 — Northern Therapeutics Inc.
3 — Sandoz

The following new products are now eligible PharmaCare benefits for Plans B, C, F, I and, if indicated below, Plan G and/or Plan P.

DIN/PIN	MAN	DRUG NAME	PLAN G	PLAN P
2272903	ORG	Linessa® (desogestrel and ethinyl estradiol) tablets	N	N
2257238	ORG	Linessa® (desogestrel and ethinyl estradiol) tablets	N	N
2182750	UNK[1]	Methotrexate (methotrexate) 10 mg tablet	N	N
2279363	PMS	PMS-Dexamethasone (dexamethasone) 2 mg tablet	N	Y

1 — Mayne Pharma Inc.

The following blood glucose monitoring strips are now eligible PharmaCare benefits for patients on Plans C, F, and I who have a valid Certificate of Training in Blood Glucose Monitoring.

DIN/PIN	MAN	DRUG NAME	PLAN G	PLAN P
44123034	UNK[1]	iTEST Blood Glucose Test Strips	N	N
44123035	UNK[2]	Sidekick Blood Glucose Test Strips	N	N
44123036	UNK[2]	True Track Blood Glucose Test Strips	N	N

1 — Auto Control Medical Inc.
2 — Home Diagnostics Inc.

The following new products are now eligible PharmaCare benefits for Plan P only.

DIN	MAN	DRUG NAME
2278634	SANDOZ	Sandoz Famciclovir 125mg
2278642	SANDOZ	Sandoz Famciclovir 250mg

The following products have been reviewed and will not be added as benefits under PharmaCare.

DIN	MAN	DRUG NAME
2259052	UNK[1]	Amevive® (alefacept) 15 mg vial
2239090	AZC	Atacand® (candesartan cilexetil) 4 mg tablet
2244612	PFI	Detrol® LA™ (tolterodine L-tartrate) 2 mg extended release capsules
2244613	PFI	Detrol® LA™ (tolterodine L-tartrate) 4 mg extended release capsules
2273217	NVR	Enablex® (darifenacin) 7.5 mg tablet
2273225	NVR	Enablex® (darifenacin) 15 mg tablet
2276429	UNK[2]	Fosavance® (alendronate/cholefaciferol) 70 mg/70 mcg tablet
2247823	UNK[3]	Hepsera® (adefovir dipivoxil) 10 mg tablet
2271842	NNA	Levemir® (insulin detemir) 100U/ml cartridge
611190	UNK[4]	Marinol® (delta-9 tetrahydrocannabinol) 2.5 mg gel capsule for the treatment of AIDS-related anorexia
611204	UNK[4]	Marinol® (delta-9 tetrahydrocannabinol) 5 mg gel capsule for the treatment of AIDS-related anorexia
611212	UNK[4]	Marinol® (delta-9 tetrahydrocannabinol) 10 mg gel capsule for the treatment of AIDS-related anorexia
2275066	UNK[5]	Trosec® (trospium chloride) 20 mg coated tablets

1 — Astellas Pharma Canada Inc.
2 — Merck Frosst Canada Ltd.
3 — Gilead Sciences Canada Inc.
4 — Solvay Pharma Inc.
5 — Oryx Pharmaceuticals Inc.

The following new drug products are not reimbursed by PharmaCare. HIV/AIDS drug coverage is the responsibility of the BC Centre for Excellence in HIV/AIDS.

DIN	MAN	DRUG NAME
2248609	BQC	Reyataz® (atazanavir) 100 mg capsule
2248610	BQC	Reyataz® (atazanavir) 150 mg capsule
2248611	BQC	Reyataz® (atazanavir) 200 mg capsule
2274906	UNK[1]	Truvada® (emtricitabine 200 mg/tenofovir disoproxil fumarate 300 mg) tablet

1— Gilead Sciences Inc.

The following new drug products are not reimbursed by PharmaCare. Cancer drug coverage is the responsibility of the BC Cancer Agency.

DIN	MAN	DRUG NAME
2272199	PFI	Somavert® (pegvisomant) 10 mg vial
2272202	PFI	Somavert® (pegvisomant) 15 mg vial
2272210	PFI	Somavert® (pegvisomant) 20 mg vial
2240000	UNK[1]	Trelstar® (triptorelin pamoate) 3.7 mg vial
2243856	UNK[1]	Trelstar® (triptorelin pamoate) 11.25 mg vial

1 — Watson Laboratories Inc.

The following products are not reimbursed by PharmaCare. Coverage of drugs for age-related macular degeneration is the responsibility of the Provincial Health Services Authority.

DIN	MAN	DRUG NAME
02267225	PFI	Macugen® (pegaptanib) 0.3 mg/0.9 ml disposable syringe

HealthInsurance

Your connection with Medical Services Plan and PharmaCare

FAIR PHARMACARE

The Fair PharmaCare plan helps B.C. residents with the cost of eligible prescription drugs and designated medical supplies. The plan provides financial assistance for individuals and families who need it most, based on their income.

ARE YOU REGISTERED?

Need information about your deductible? About the portion of drug costs Fair PharmaCare pays on your behalf?

Visit the PharmaCare website at www.health.gov.bc.ca/pharme for more information and to use the Fair PharmaCare Calculator.

Has your extended health benefits plan asked for confirmation that you are registered?

Visit the PharmaCare website at www.health.gov.bc.ca/pharme to request that we mail you a "Confirmation of Fair PharmaCare Assistance."

NOT REGISTERED?

Register online at www.health.gov.bc.ca/pharme.

For further information, contact Health Insurance BC.
From the Lower Mainland, call 604-683-7151.
From the rest of B.C., call toll-free 1-800-663-7100.

Conversation On Health

REGISTER NOW FOR THE CONVERSATION

The Conversation on Health is about gathering British Columbians' views on health to help government make future decisions on our health system within the Canada Health Act.

Front line health workers, their professional associations, health organizations and administrators, patients, First Nations groups and other interested parties are invited to join professional meetings in communities across B.C. to discuss health topics of particular interest.

WOULD YOU LIKE TO PARTICIPATE IN A PROFESSIONAL MEETING?

☐ **YES**

☐ **NO**

PROFESSION (please fill in): _____

NAME: _____ **ADDRESS:** _____

COMMUNITY: _____ **POSTAL CODE:** _____

EMAIL: _____ **PHONE NUMBER:** _____

YOUR VIEWS ARE IMPORTANT TO US:

By filling out this form, you can participate in the Conversation on Health by expressing your views, asking questions and proposing solutions. Your input will be recorded and taken into account in future decisions on health and health care in BC. Your comments will be kept confidential and information collected will be used for planning purposes only. Completed forms can be faxed to Conversation on Health at 250 952-1390 or sent by mail to the address below.

COMMENTS: Please use the back of this form if you need more space.

SIX WAYS TO JOIN THE CONVERSATION ON HEALTH

1. **Participate in a regional forum**. To volunteer, call the toll-free Conversation on Health phone line or sign up on the Web site.
2. **Provide** feedback on the Web site: www.BCConversationonHealth.ca
3. **E-mail**: ConversationonHealth@Victoria1.gov.bc.ca
4. **Call** the Toll-free phone line: 1-866-884-2055 between 8 a.m. – 8 p.m., Monday to Friday. Translation services are available in 130 languages.
5. **Contact** your MLA.
6. **Mail** a letter to: Ministry of Health, Conversation on Health, 5-3, 1515 Blanshard Street, Victoria, B.C. V8W 3C8